Section 1: Cover Sheet

Office Use Only

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity and filed with the Entity Reporting Cover Sheet.

For detailed instructions on how to complete this form, see the Lobbyist Reporting Form: Individual Reporting Guide, or the Lobbyist Reporting Form: Entity Reporting Guide.

LOBBYIST NAME	MR M Last Name* LITTLEFIELD	rst Name* IARK a 501c(3) non-profit organization	Suffix	Middle
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Busines: 5820 HARPER PARK City* AUSTIN		Apartment or State* TX	Suite Number Zip Code* 78735
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Ad PO BOX 90591 City*	ldress*	Apartment or State* TX	Suite Number Zip Code* 78749
REPORT TYPE	New Lobbyist Registration Quarterly Activity Report: January	Report Type*: Che Update Current Lobbyist Registration Quarterly Activity Report: April	Annual Renewa Lobbyist Registi Quarterly Activi Report: July	ration Lobbyist Registration

^{*} Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

To report more than one munici	pai Question, che	k the Add Additional Mullicipal Question	button below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	REAL ESTATE				
PROPERTY ADDRESS	This municip	al question pertains to real property. *If ch s required.	necked, either a pro	perty address or legal	
OR	Address		Suite or Apartment	Number	
LEGAL DESCRIPTION	300 Congress Ave	9			
LEGAL BESONII TION	City		State	Zip Code	
	Austin		TX	78704	
	Property Legal Do	escription			
	Austin American	Statesman			
Subject Matter(s)*: Check all subject Matter(s)	ject matters that	apply to the municipal question above			
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	ilding, Site Plans)	
		Finance, Budget, or Investments	Permits (Ot	her)	
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic Preservation	Public Utilit or Recycling	ies, Energy, Water, Solid Waste,	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	on Quality of L	ife Affairs	
☐ Aviation		Human Rights or Immigration	Real Estate		
City Infrastructure or Public \	Works		Rules, Prop	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or			Fees	
Code Compliance		Municipal Court	Technology	or Communications	
		Municipal Legislation		tion or Mobility	
Contracts or Procurement		Neighborhoods	Zoning or P	latting	
Diversity, Equity, or Inclusion	ı	Parks, Recreation, Libraries, or Museums			
Economic Development		Other:			



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To roport more than one mane	pai aucotion, onoi	tilo maa	raditional maniolpal Edestion	Dutto k	301011.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	CULTURAL ARTS FUNDING AND RELATED ISSUES					
PROPERTY ADDRESS	This municipal description is	•	pertains to real property. *If ch	necked, e	either a prop	perty address or legal
OR	Address			Suite or	r Apartment N	lumber
LEGAL DESCRIPTION						
	City			State		Zip Code
	Property Legal De	scription				
Subject Matter(s)*: Check all sul	 bject matters that	apply to th	ne municipal question above			
Accessibility or Persons with	Disabilities		onmental Matters, Air or Water y, or Watershed Protection		Permits (Bui	lding, Site Plans)
☐ Affordability		Financ	ce, Budget, or Investments		Permits (Otl	ner)
Animals			n, Healthcare, Mental Health, or n Services			y, Policy, Fire, EMS, or Planning and Response
Annexation		Histor	ic Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospi Cente	tality, Tourism, Events, or Conventic r	on 🗌	Quality of Li	fe Affairs
Aviation		☐ Huma	n Rights or Immigration		Real Estate	
City Infrastructure or Public	Works	Labor	or Workforce		Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Empl Retirement Systems	oyment, or	Land [Development or Land Use	\boxtimes	Taxation or	Fees
Code Compliance		☐ Munio	ipal Court		Technology	or Communications
Construction		Munio	cipal Legislation		Transportat	ion or Mobility
Contracts or Procurement		☐ Neigh	borhoods		Zoning or Pl	atting
Diversity, Equity, or Inclusion	ı	Parks,	Recreation, Libraries, or Museums			
Economic Development		Other	:			



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Section 2: **Municipal Question**

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To report more than one iviunicip	bai Question, clic	ck the Add Additional Municipal Questic	on button below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	LIVE MUSIC, HOTE	LIVE MUSIC, HOTEL, REAL ESTATE DEVELOPMENT				
PROPERTY ADDRESS	This municip description i	oal question pertains to real property. *I is required.	f checked, either a pro			
OR						
LEGAL DESCRIPTION	City		State	Zip Code		
]		
	Property Legal Do	escription				
		<u>'</u>				
Subject Matter(s)*: Check all sub	ject matters that	t apply to the municipal question above				
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)		
Affordability		Finance, Budget, or Investments	Permits (O	ther)		
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response		
Annexation		Historic Preservation	Public Utili or Recyclir	ities, Energy, Water, Solid Waste ng		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conve Center	ention	Life Affairs		
Aviation		☐ Human Rights or Immigration		9		
	Vorks	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	☐ Land Development or Land Use	☐ Taxation o	r Fees		
		Municipal Court	Technolog	y or Communications		
Construction		Municipal Legislation	☐ Transporta	ation or Mobility		
Contracts or Procurement		☐ Neighborhoods	Zoning or	Platting		
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museu	ıms			
Economic Development		Other:				

Add Additional Municipal Question

Delete this page

Page 4 of 27 Revised: 6/30/2017



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: **Municipal Question**

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To roport more than one manion	our Eucotion, onor	1110 714471	dartional ividinolpal Quostion		70.0111	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	FILM STUDIO ISSUES					
PROPERTY ADDRESS	This municipal description is		pertains to real property. *If ch		either a property address or legal Apartment Number	
OR					Process of the second s	
LEGAL DESCRIPTION						
	City			State	Zip Code	
	Property Legal Des	scription				
Code! at Mark of 1 % Ob a death all and						
Subject Matter(s)*: Check all sub	ect matters that	apply to the	e municipal question above			
Accessibility or Persons with I	Disabilities		mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Building, Site Plans)	
Affordability		Finance	, Budget, or Investments		Permits (Other)	
Animals			Healthcare, Mental Health, or Services		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response	
Annexation		Historic	Preservation		Public Utilities, Energy, Water, Solid Waste, or Recycling	
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Conventio	on 🗌	Quality of Life Affairs	
Aviation		Human	Rights or Immigration		Real Estate	
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Proposed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	Land De	evelopment or Land Use		Taxation or Fees	
Code Compliance		Municip	pal Court		Technology or Communications	
		Municip	oal Legislation		Transportation or Mobility	
		Neighbo	orhoods		Zoning or Platting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums			
Economic Development		Other:				



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To report more than one munici	ipai Question, ciic	ck the Add Additional Municipal Quest	ion button below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Major League So	Major League Soccer				
PROPERTY ADDRESS OR LEGAL DESCRIPTION	description Address	pal question pertains to real property. * is required.	Suite or Apartment	Number		
	City		State	Zip Code		
	Property Legal D	Description				
		·				
Subject Matter(s)*: Check all sul	bject matters tha	t apply to the municipal question above	е			
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	r 🔀 Permits (Bu	uilding, Site Plans)		
☐ Affordability		Finance, Budget, or Investments	Permits (Ot	ther)		
Animals		Health, Healthcare, Mental Health, of Human Services		ty, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic Preservation	Public Utilit or Recyclin	ties, Energy, Water, Solid Waste g		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conv Center	vention Quality of L	ife Affairs		
Aviation		☐ Human Rights or Immigration	Real Estate			
City Infrastructure or Public \	Works		Rules, Prop	osed Rules, or Rule Making		
Civil Service, Municipal Empl Retirement Systems	oyment, or		☐ Taxation or	Fees		
Code Compliance		Municipal Court	Technology	or Communications		
		Municipal Legislation	☐ Transporta	tion or Mobility		
Contracts or Procurement		Neighborhoods	Zoning or P	Platting		
Diversity, Equity, or Inclusion	ı	Parks, Recreation, Libraries, or Muse	eums			
⊠ Economic Development		Other:				



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Section 2: **Municipal Question**

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To report more than one munici	pai Question, ciic	tk the Add Additional Municipal Question b	outton below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Parking or Parkin	Parking or Parking Services				
PROPERTY ADDRESS OR	This municipudescription	•	ecked, either a property address or legal Suite or Apartment Number			
LEGAL DESCRIPTION	City		State Zip Code			
	Property Legal D	escription				
Subject Matter(s)*: Check all sul	oject matters tha	t apply to the municipal question above				
	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Building, Site Plans)			
☐ Affordability		Finance, Budget, or Investments	Permits (Other)			
Animals		Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response			
Annexation		Historic Preservation	Public Utilities, Energy, Water, Solid Waste or Recycling			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conventior Center	• •			
Aviation		Human Rights or Immigration	Real Estate			
City Infrastructure or Public V	Works	Labor or Workforce	Rules, Proposed Rules, or Rule Making			
Civil Service, Municipal Empl Retirement Systems	oyment, or	☐ Land Development or Land Use	Taxation or Fees			
Code Compliance		Municipal Court	Technology or Communications			
Construction		Municipal Legislation				
Contracts or Procurement		Neighborhoods	Zoning or Platting			
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libraries, or Museums				
Economic Development		Other:				



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Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE RESTAURANT PERMITING MUNICIPAL QUESTION* ☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required. PROPERTY ADDRESS **Address** Suite or Apartment Number OR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above ste,

Accessibility or Persons with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Building, Site Plans)
☐ Affordability	Finance, Budget, or Investments	Permits (Other)
Animals	Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
Annexation	Historic Preservation	Public Utilities, Energy, Water, Solid Was or Recycling
Arts, Music, Film, Cultural or Creative Industries	Hospitality, Tourism, Events, or Convention Center	Quality of Life Affairs
Aviation	Human Rights or Immigration	Real Estate
City Infrastructure or Public Works		Rules, Proposed Rules, or Rule Making
Civil Service, Municipal Employment, or Retirement Systems	Land Development or Land Use	Taxation or Fees
	Municipal Court	Technology or Communications
Construction	Municipal Legislation	Transportation or Mobility
Contracts or Procurement	Neighborhoods	Zoning or Platting
Diversity, Equity, or Inclusion	Parks, Recreation, Libraries, or Museums	
Economic Development	Other:	

Add Additional Municipal Question

Delete this page

Page 8 of 27 Revised: 6/30/2017



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Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Municipal Utilities MUNICIPAL QUESTION* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or X Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting

Parks, Recreation, Libraries, or Museums

Other:

Diversity, Equity, or Inclusion

Economic Development



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Section 2: **Municipal Question**

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	•						
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Convention Cente	Convention Center Expansion					
PROPERTY ADDRESS	description is		ertains to real property. *If				
OR	Address			Suite or	r Apartment N	lumber	
LEGAL DESCRIPTION	500 E Cesar Chave	ez					
	City			State		Zip Code	
	Austin					78701	
	Property Legal De	escription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection		Permits (Bui	lding, Site Plans)	
		Finance	, Budget, or Investments		Permits (Oth	ner)	
☐ Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Conven	tion	Quality of Lit	fe Affairs	
□ Aviation		☐ Human	Rights or Immigration		Real Estate		
	Vorks	∠ Labor or or a labor or	Workforce		Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land De	velopment or Land Use	\boxtimes	Taxation or I	Fees	
Code Compliance		Municip	al Court		Technology	or Communications	
Construction		Municip	al Legislation		Transportati	ion or Mobility	
Contracts or Procurement		☐ Neighbo	orhoods	\boxtimes	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museum	ns			
Economic Development		Other:					



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*

REAL ESTATE DEVELOPMENT

This municipal question pertains to real property. *If checked, either a property address or legal description is required.

Address

OR
LEGAL DESCRIPTION

City

State

Zip Code

AUSTIN

Property Legal Description

	Address			Suite or	r Apartment N	umber
OR LEGAL DESCRIPTION	416 W 12TH ST	416 W 12TH ST				
LEGAL DESCRIPTION	City			State		Zip Code
	AUSTIN			TX		78701
	Property Legal De	escription	1			
ubject Matter(s)*: Check all sub	ject matters that	apply to	o the municipal question above			
Accessibility or Persons with I	Disabilities	⊠ En	vironmental Matters, Air or Water uality, or Watershed Protection	\boxtimes	Permits (Buil	ding, Site Plans)
★ Affordability		Fin	nance, Budget, or Investments	\boxtimes	Permits (Oth	er)
☐ Animals			ealth, Healthcare, Mental Health, or ıman Services	\boxtimes		r, Policy, Fire, EMS, or Planning and Response
Annexation		⊠ His	storic Preservation		Public Utilitie or Recycling	es, Energy, Water, Solid Wast
Arts, Music, Film, Cultural or Creative Industries			ospitality, Tourism, Events, or Convention	n 🔲	Quality of Lif	e Affairs
Aviation		☐ Hu	ıman Rights or Immigration	\boxtimes	Real Estate	
City Infrastructure or Public V	Vorks	Lal	bor or Workforce		Rules, Propo	sed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	⊠ Lar	nd Development or Land Use	\boxtimes	Taxation or F	Fees
		☐ Mu	unicipal Court		Technology of	or Communications
		□ Мι	unicipal Legislation		Transportation	on or Mobility
Contracts or Procurement		⊠ Ne	eighborhoods	\boxtimes	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Pai	rks, Recreation, Libraries, or Museums			
Economic Development		Ot	her:			



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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE **BOAT DOCK PERMITTING** MUNICIPAL QUESTION* This municipal question pertains to real property. *If checked, either a property address or legal description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR 1703 RIVER HILLS RD LEGAL DESCRIPTION City State Zip Code AUSTIN ΤX 78746 **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above

Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Emergency Planning and Response Human Services** Public Utilities, Energy, Water, Solid Waste, Annexation **Historic Preservation** or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or ☐ Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums Economic Development Other:



Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* STRATUS PROPERTIES		
CLIENT ADDRESS	Client Business Address* 212 LAVACA ST Client City*	Client Apartment of 300 Client State*	or Suite Number Client Zip Code*
AND NATURE OF BUSINESS	AUSTIN Nature of Client's Business* LIVE MUSIC, HOTEL, REAL ESTATE DEVELOPMENT	ТХ	78701

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports. Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$10,000 - \$24,999	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	mount is required
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN FILM STUDIOS		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1901 E 51ST ST Client City* AUSTIN Nature of Client's Business* FILM STUDIO ISSUES	Client Apartment of Client State*	Client Zip Code*

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	nsation a	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formatior	n, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a: Client Information

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For additional clients, click "Add Another Client Page" below.

CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Precourt Sports Ventures		
	Client Business Address*	Client Apartment o	r Suite Number
OLIENT	One Black & Gold Blvd		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Columbus	ОН	43211
NATURE OF	Nature of Client's Business*		
BUSINESS	Major League Soccer		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	nsation a	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formatior	n, provide your reason(s) (250 char. max):

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CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* Pavemint		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 6685 Hollywood Blvd Client City* Los Angeles Nature of Client's Business* Parking and Parking Services	Client Apartment o Client State* CA	Client Zip Code*

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports. Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$10,000 - \$24,999	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	mount is required
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*		
Gient is an individual	Heyer Family Holding		
CLIENT	Client Business Address* 2421 Wooldridge Dr	Client Apartment	or Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78703
NATURE OF BUSINESS	Nature of Client's Business* Real Estate		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation in		

* Indicates a required field

Add Another Client Page



Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Endeavor Real Estate		
	Client Business Address*	Client Apartment of	or Suite Number
QUENT	500 W 5th St	700	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$10,000 - \$24,999	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*		
Guerre is air maividadi	TEXAS GAS		
CLIENT ADDRESS AND NATURE OF	Client Business Address* 1301 SOUTH MOPAC Client City* AUSTIN Nature of Client's Business*	Client Apartment of 400 Client State* TX	Client Zip Code*
BUSINESS	UTILITIES		

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$10,000 - \$24,999	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* Jones Dilworth		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1023 Springdale Rd; Bldg 5 Client City* Austin Nature of Client's Business* Public Relations	Client Apartment of Client State*	Client Zip Code*

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$10,000 - \$24,999	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
If you fail to provide the above Client Compensation information, provide your reason(s) (250 client Compensation information)			, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* TORCHY'S TACOS		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4501 SPRINGDALE RD Client City* AUSTIN Nature of Client's Business* RESTAURANT	Client Apartment Client State* TX	or Suite Number Client Zip Code* 78723

Section 3b: Client Compensation

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$10,000 - \$24,999	OR	(\$) Exact Amount
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

PERSON EMPLOYED OR RETAINED	Title First Name* Last Name * Employer*	Middle Suffix Occupation*
BUSINESS ADDRESS	Business Address* City*	Apartment or Suite Number State* Zip Code*
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	Is the person identified above related (within the thir Council Member, or a member of their household, as If yes, describe the nature of their employment *requirement* First Name of Mayor/Council Member La	defined in City Code Section 4-8-6(A)(5)?

* Indicates a required field

Add Another Employee Page

Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



Section 5: Statement of No Activity

STATEMENT OF NO ACTIVITY

Lobbyists who have no reportable activity for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the No Activity Confirmation, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I have no Client Compensation to report during this activity period (§4-8-6(A)(2)).
- I have no Expenditures for lobbying to report during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

No Activity Confirmation I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

	(\$) Reimbursement to Others	\$0.00
	(\$) Food and Beverages	\$0.00
	(\$) Transportation and Lodging	\$0.00
	(\$) Gifts (other than Awards and Mementos)	\$0.00
EXPENDITURE	(\$) Entertainment	\$0.00
TOTALS	(\$) Awards and Mementos	\$0.00
(Blank values will be interpreted as \$0)	(\$) Honorariums	\$0.00
	(\$) Attendance of Council Members at Charitable Events or Fundraisers	\$0.00
	(\$) Media Communications (broadcast, print, advertising, etc.)	\$0.00
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	\$0.00

Section 7: **Expenditure**

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

Add Another Expenditure Page

PAYEE NAME	Organization Name or Payee Last Name, as applicable*			
AND				
BUSINESS INTEREST	This payee is a business or business in	nterest of a City Official		
	If yes, First Name of City Official	Las	t Name of City Off	ficial
Payee is an individual				
	Department of City Official	Job	Title of City Offic	ial
	Payee Address/ PO Box*		Payee Apartmer	nt or Suite Number
PAYEE				
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	(\$) Expenditure Amount * Expendit	ure Date [*] Categor	y <mark>*</mark>	
EXPENDITURE				
DETAILS	Purpose of the Expenditure*			
Identify each City Official w	ho benefitted from or who may	have been influe	nced by the e	expenditure, if applicable
City Official First Name	City Official Last Name	Departme	nt	Job Title
Add Another Evnenditure Dage			Doloto th	Page 26 of 27 Revised:

Delete this page

6/30/2017



Section 8: Declaration and Electronic Submission

DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

MARK LITTLEFIELD	1/1/2021
Printed/Typed Name	Report Date*

Electronic Submission and Signature

I have completed a Lobbyist Contact Information Form, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.

Submit this form via e-mail